Online RN Initial Exam Application

CA BOARD OF REGISTERED NURSING

Application Overview

This screen-by-screen overview will assist you in completing the Online RN Initial Exam Application through your BreEZe profile.

TIPS WHEN APPLYING:

- Submit your payment the same day you submit the online application. Applications submitted without payment will <u>NOT</u> be processed.
- Please fully read the instructions on each page and follow them carefully. You will <u>NOT</u> be able to make any changes to your application once it has been submitted.
- If you submit your online application and forgot to attach any required documentation to the application, you can submit the additional document(s) through your BreEZe account. When you log into your BreEZe account, the online application titled "Submit Additional Documents" is located at the Quick Start Menu under the "Applicant Activities" section.

Introduction

- Carefully read the Introduction screen, as it contains important information and helpful links, such as our current Processing Times.
- Please note that paid application fees are not refundable for any reason.

1 - RN Initial Exam Application - Introduction Introduction You must take the National Council Licensure Examination (NCLEX-RN) if you have never been licensed as a registered nurse in Information Privacy Act another state or if you have not passed the national licensing examination. If you are licensed in Canada you must take the Transaction Suitability NCLEX-RN unless you have passed an acceptable five-part Canadian examination. Questions You must have completed an educational program meeting all California requirements. Application Questions If you are lacking any educational requirements, you must successfully complete an approved course in that subject before Name and Personal/Organization taking the examination. Details The BRN encourages candidates to wait until they are made eligible by the BRN before registering with the NCLEX testing Contact Details Education History The Registered Nurse examination application fee is an earned fee; therefore, if an applicant is found ineligible the application Previous Name(s) fee is not refunded. Out of Country License Processing times may vary, depending on the receipt of documentation from academic programs, agencies and other states or Information countries. Current processing times can be found here: http://rn.ca.gov/times.shtml Additional Questions Processing a Registered Nurse examination application indicating a conviction(s), disciplinary action(s) and/or voluntary Discipline and Conviction surrender(s) may take longer Questions File Attachments A pending application file is not a public record; therefore, an applicant must sign a release of information before the Board of Registered Nursing will release information to the public, including employers, relatives or other third parties. Application Summary Once you are licensed, your address of record must be disclosed to the public upon request. All requests for information are mandatory. Please refer to the General Instructions and Application Requirements regarding the Application to obtain Licensure by Examination for a Registered Nurse (RN). http://www.rn.ca.gov/pdfs/applicants/exam-app.pdf California statutes and regulations pertaining to Registered Nurses may be obtained by contacting; LexisNexis at: www.lexisnexis.com/bookstore (search: California Nursing) Press "Next" to continue. To save and exit this application, click on the "Cancel" button. During the online application process, do not select the "Back" button on your browser. This will cause your session to end without any updates.

Cancel

Information Privacy Act

• The Information Privacy Act screen contains information on the Information Practices Act, Section 1798.17 Civil Code. You must Agree to this section before continuing with the application.

Introduction

Information Privacy Act

Transaction Suitability
Questions

Application Questions

Name and Personal/Organization Details

Contact Details

Education History

Previous Name(s)

Out of Country License Information

Additional Questions

Discipline and Conviction Questions

File Attachments

Application Summary

1 - RN Initial Exam Application - Information Privacy Act

INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name: Board of Registered Nursing

Title of official responsible for information maintenance: Executive Officer

Address: P.O. BOX 944210, SACRAMENTO, CA 94244-2100

Telephone Number: (916) 322-3350

Authority which authorizes the maintenance of the information: Section 30, Section 2732.1(a), Business and Professions code all information is mandatory.

The consequences, if any of not providing all or any part of the requested information: Failure to provide any of the requested information will result in the application being rejected as incomplete.

The principal purpose(s) for which the information is to be used: Section 30 of the business and professions code and public law 94-455 (42 usca 405(c)(2)(c)) authorize collection of your social security number or individual taxpayer identification number. Your social security number or individual taxpayer identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the welfare and institutions code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination where licensure is reciprocal with the requesting state. If you fail to list your social security number or individual taxpayer identification number, your application for initial or renewal license will not be processed. You will be reported to the franchise tax board, which may assess a \$100 penalty against you. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed or renewed.

Any known or foreseeable interagency or intergovernmental transfer which may be made of the information:

Possible transfer to law enforcement, other government agencies and reporting social security number or individual taxpayer identification number to the franchise tax board or for child support enforcement purposes pursuant to Section 30 of the business and professions code. Each individual has the right to review the files on records maintained on them by the agency, unless the records are exempt from disclosure.

Mandatory Reporter: Under California law each person licensed by the Board of Registered Nursing is a "Mandated Reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.

California Penal Code Section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of \$1,000, or by both imprisonment and fine.

For further details, consult Penal Code Section 11164 and subsequent sections.

Press "Agree" to continue.

To save and exit this application, click on the "Cancel" button.

Transaction Suitability Questions

- The questions on this screen will determine if you are eligible to submit the Exam application.
- Please note that a valid U.S. Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is required to apply to the Board.

Introduction	1 - RN Initial Exam Application - Function Suitability		
Information Privacy Act The following questions will determine if you are able to submit the online application.			
Transaction Suitability Questions	Press "Previous" to return to the previous section. Answer the questions and press "Next".		
Application Questions	To save and exit this application, click on the "Cancel" button.		
Name and Personal/Organization Details	Question	Answer	
	Do you have a U.S Social Security Number or Individual Taxpayer Identification Number?	○ Yes ○ No	
Contact Details	Have you over been licensed by examination as an DN in another ILS State/Territory?	_	
Education History	Have you ever been licensed by examination as an RN in another U.S. State/Territory?	○ Yes ○ No	
Previous Name(s)	Have you ever applied for RN licensure in California?	O Yes	
Out of Country License Information		O No	
Additional Questions	Have you ever been issued a Registered Nurse license in California?	○ Yes ○ No	
Discipline and Conviction Questions	Did you review the General Instructions and Application Requirements regarding the Application for Licensure by Examination?	○ Yes	
File Attachments	Licensure by Examination:	○ No	
Application Summary	The Board of Registered Nursing (BRN) does not accept applications without a U.S. Social Security Number or Individual Taxpayer Identification Number.		
	The Nursing Practice Act provides for a unified examination and licensing application. Once an applicat all of California's requirements, a license is automatically issued. Under these circumstances the BRN applications for examination and licensure without a U.S. Social Security Number or Individual Taxpayer	umstances the BRN cannot accept	
	Pursuant to Section 30(c) of the Business and Professions code the BRN may not process any applicate the applicant provides a U.S. Social Security Number or Individual Taxpayer Identification Number. Security Professions code states in part:		
	30. (a) Notwithstanding any other provision of law, any board, as defined in Section 22, shall at the time require that the licensee provide his or her Social Security Number or Individual Taxpayer Identification		
	(b) Any licensee failing to provide the Social Security Number or Individual Taxpayer Identification Number shall be reported by the licensing board to the Franchise Tax Board and, if failing to provide after notification pursuant to paragraph (1) of subdivision (b) of Section 19528 of the Revenue and Taxation Code, shall be subject to the penalty provided in paragraph (2) of subdivision (b) of Section 19528 of the Revenue and Taxation Code.		
	(c) In addition to the penalty specified in subdivision (b), a licensing board may not process any applications the applicant or licensee provides its Social Security Number or Individual Taxpayer Identification on the application.		

Application Questions

 On this page, you can request an Interim Permit (will add a \$50 fee), request Special Testing Accommodations, specify the type of nursing program completed, and find other important information regarding fingerprints and military expedite information.

Introduction	1 - RN Initial Exam Application - Application Questions			
Information Privacy Act	If the following questions are not applicable to your application, please change the response(s) to "No".			
Transaction Suitability	Answer the questions and press "Next" to continue.			
Questions	Press "Previous" to return to the previous section.			
Application Questions	To save and exit this application, click on the "Cancel" button.			
Name and Personal/Organization	Will you be requesting an Interim Permit? If "Yes", this will add an additional \$50.00 to your application fee. For additional information please refer to section VI of the Exam Application Instructions.			
Details	Will you be submitting fingerprints via a fingerprint hard card? If "Yes", this will add an additional \$49.00 to your			
Contact Details	application fee. To request a fingerprint card or Live Scan form, refer to the following instructions below: REQUESTING FINGERPRINT CARD/LIVE SCAN FORM			
Education History	Will you be requesting Special Testing Accommodations? For additional information please refer to section VIII			
Previous Name(s)	of the Exam Application Instructions and refer to the following instructions below: REQUESTING SPECIAL TESTING ACCOMMODATIONS			
Out of Country License Information	Will you or have you graduated from a California Registered Nursing program? For additional information please refer to section VII of the Exam Application Instructions.			
Additional Questions	Did you complete all graduation and nursing requirements in your California Registered Nursing program,			
Discipline and Conviction	where a degree is not issued and you completed the program as a non-graduate? For additional information please refer to section VII of the Exam Application Instructions.			
Questions File Attachments	Did you complete a California LVN 30-Unit Option program? For additional information please refer to section VII of the Exam Application Instructions.			
Application Summary	Did you graduate from a Registered Nursing program located in the United States of America / U.S. Territory? For additional information please refer to section VII of the Exam Application Instructions.			
	Did you graduate from a Registered Nursing program located outside of the United States of America? For additional information please refer to section VII of the Exam Application Instructions.			
	Did you complete a Military Corpsmen program which conforms to Section 1418 of the Business and Professions Code? For additional information please refer to section VII of the Exam Application Instructions.			
	Have you served or are you currently serving in the military?			
	Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the Armed Forces? If "Yes", refer to the following instructions below regarding MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS.			
	Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?			
	REQUESTING SPECIAL TESTING ACCOMMODATIONS			
	Refer to section VIII of the Exam Application Instructions for Candidates with Disabilities - Request for Accommodations and complete the "Request for Accommodations of Disabilities" and "Professional Evaluation and Documentation of a Disability" forms. If necessary, please use this link http://www.rn.ca.gov/pdfs/applicants/accommodation.pdf to download the required			

accommodation documents. The completed forms may be scanned and uploaded to the File Attachments section of this

REQUESTING FINGERPRINT CARD/LIVE SCAN FORM

Name and Personal Details

- Enter your personal information on this screen.
- Please note, the name on your application must match exactly with the name on your photo ID. If the name on your application does not match the name on your photo ID, the testing vendor, Pearson VUE, will not allow you access to the testing site.

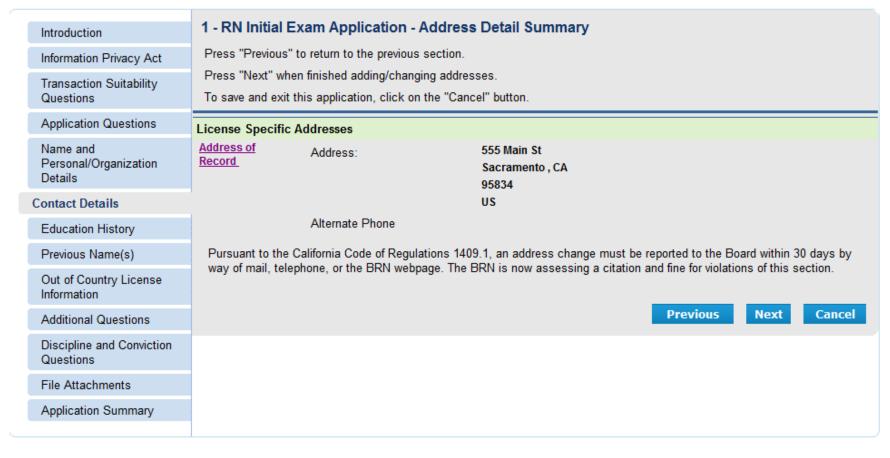
Ì	Introduction	1 - RN Initial Exam Application - Name and Personal Details		
Ì	Information Privacy Act	Your name must match EXACTLY as it appears on your photo identification.		
	Transaction Suitability Questions	Items with an asterisk* are required for the online application. If your culture does not permit a First Name or Last Name please enter "." in the appropriate name field.		
	Application Questions	Pursuant to Business and Professions Code section 30, you MUST provide either your Social Security Number (SSN) or		
	Name and Personal/Organization Details	Individual Taxpayer Identification Number (ITIN) if you are an individual, or a Federal Employer Identification Number (FEIN are applying on behalf of a partnership. The number you provide will be used for purposes related to tax enforcement, compliance with a judgment or order for child or family support in accordance with Family Code section 17520, or for verification of licensure or examination status when a reciprocity agreement or comity exists between that state and California. If you		
	Contact Details	disclose your SSN, ITIN, or FEIN, your application will not be processed and you will be reported to the Franchise Tax Board,		
	Education History	which may assess a penalty against you.		
Ì	Previous Name(s)	With the exception of your SSN, ITIN, and FEIN, this application and the information contained herein may be disclosed pursuant to a request made under the California Public Records Act.		
	Out of Country License Information	Press "Previous" to return to the previous screen. Enter your personal details and Press "Next" to continue.		
	Additional Questions	To save and exit this application, click on the "Cancel" button.		
	Discipline and Conviction Questions	Title:		
	File Attachments	* First Name: Zeline		
	Application Summary	Middle Name (optional):		
		* Last Name: Dion		
		* SSN/ITIN: (a) 111886654		
		* Birthdate: 06/08/1980 (mm/dd/yyyy)		
		* Gender: Female ✓		
		Effective July 1, 2012, the Board of Registered Nursing is required to deny an application for licensure and to suspend the license/certificate/registration of any applicant or licensee who has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000. (AB 1424, Perea, Chapter 455, Statutes of 2011)		

without any updates.

During the online application process, do not select the "Back" button on your browser. This will cause your session to end

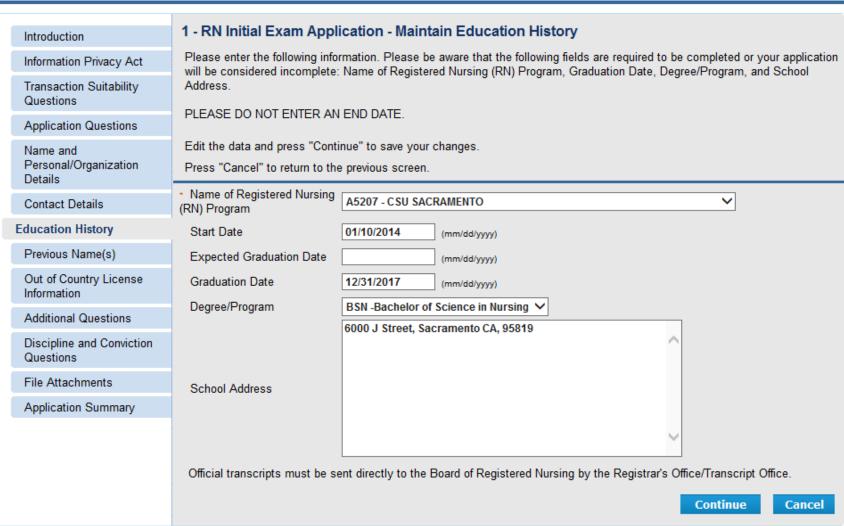
Contact Details

- Add an "Address of Record" here. The Board will use the mailing address, email address and/or telephone number for any follow-up correspondence.
- The "Address of Record" can be updated at any time throughout the application process. Just log into your BreEZe account, and access the online application titled "RN-Change of Address", located at the Quick Start Menu under the "Application Activities" section.



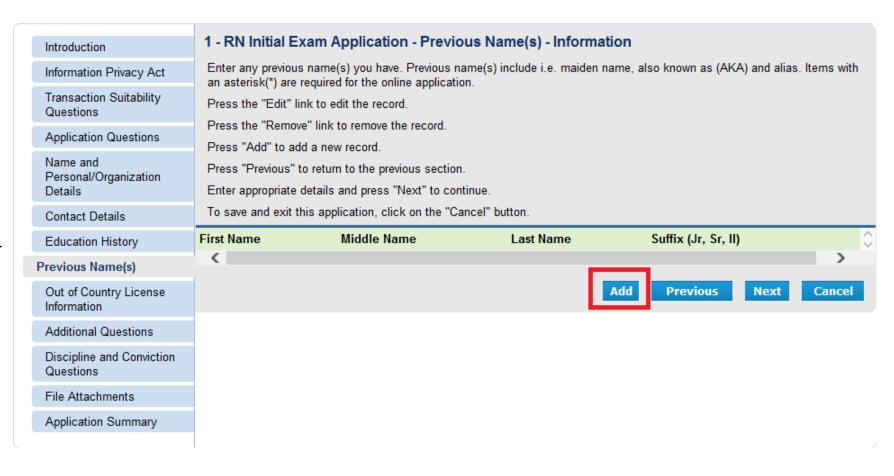
Education History

- Enter your school information on this screen.
- School names are sorted alphabetically. If you do not see your school listed, select the "Other" option, located at the top of the list.
- Please leave "Expected Graduation Date" blank.



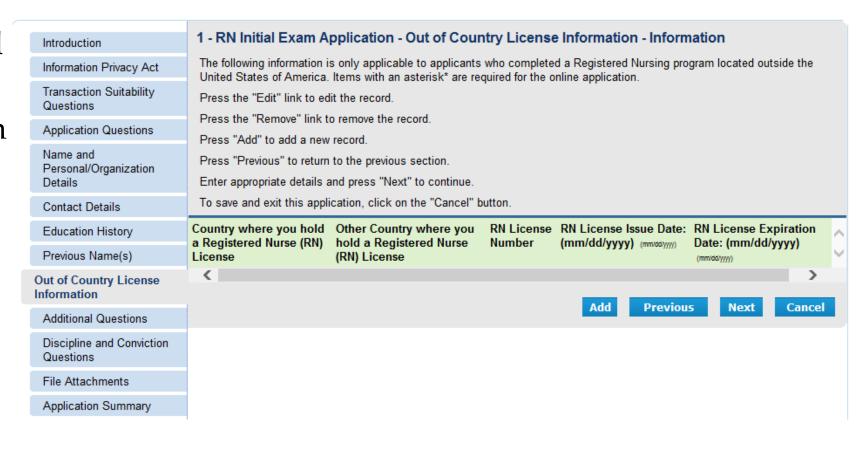
Previous Name(s)

- On the Previous Name(s) screen, click the "Add" button in order to add any previous name information.
- This will help us in locating transcripts and other documents that may come to our Board under a previously used last name, etc.
- If you do not have any previous names, simply click the "Next" button.



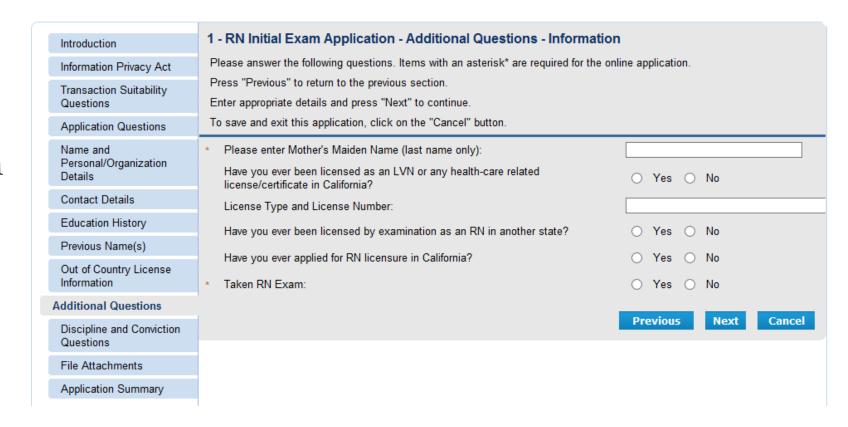
Out of Country License Information

- This screen is only for Internationally-educated applicants.
- To add information for an out-of-country nursing license, click the "Add" button to begin adding the information.
- If this screen does not apply to you, click the "Next" button.



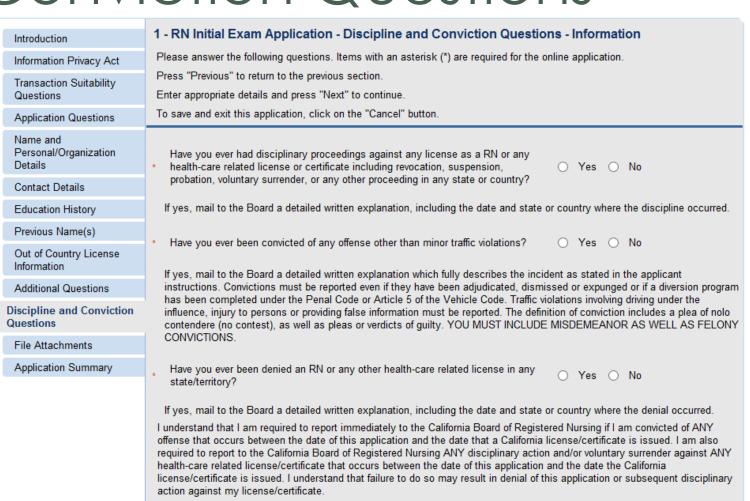
Additional Questions

 Answer all questions on this screen to continue.



Discipline and Conviction Questions

- These questions relate to the applicant's prior discipline or conviction information.
- Please note, answering "Yes" to any of these questions may extend processing time.

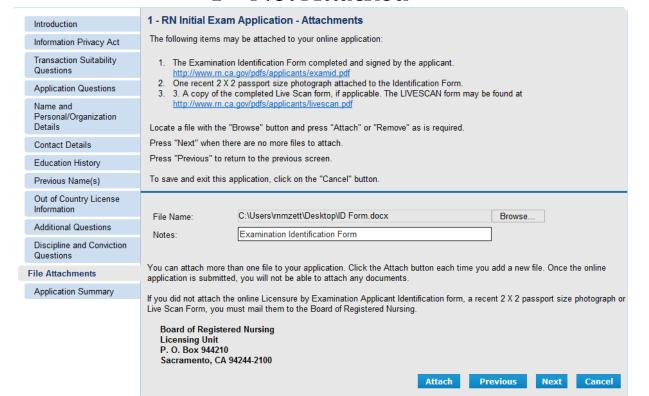


Previous

File Attachments

- You can upload multiple documents to your online application. Please note, after clicking "Browse" and selecting the file on your computer, you MUST click the "Attach" button at the bottom of the screen each time you add a new file. If you do not click the "Attach" button before continuing with the online application, your file(s) will NOT be uploaded.
- The screenshots below are a comparison the screenshot labeled "1" shows a file that has been selected from the computer but has NOT YET been attached. The screenshot labeled "2" shows a file that is successfully attached. You will see the message "Files Uploaded" when you have successfully attached your document(s).
- PLEASE MAKE SURE TO VERIFY THAT YOUR FILE(S) ARE ATTACHED CORRECTLY BEFORE CONTINUING WITH THE APPLICATION.

1 – Not Attached



2 - Attached

Introduction	1 - RN Initial Exam Application - Attachments					
Information Privacy Act	The following items may be attached to your online application:					
Transaction Suitability Questions	The Examination Identification Form completed and signed by the applicant. http://www.rn.ca.gov/pdfs/applicants/examid.pdf					
Application Questions	One recent 2 X 2 passport size photograph attached to the Identification Form. A copy of the completed Live Scan form, if applicable. The LIVESCAN form may be found at					
Name and Personal/Organization Details	http://www.rn.ca.gov/pdfs/applicants/livescan.pdf Locate a file with the "Browse" button and press "Attach" or "Remove" as is required.					
Contact Details	Press "Next" when there are no more files to attach.					
Education History	y Press "Previous" to return to the previous screen.					
Previous Name(s)	To save and exit this application, click on the "Cancel" button.					
Out of Country License Information	Files Uploaded D Form.docx Examination Identification Form View Remove					
Additional Questions	LAdmination Identification Form					
Discipline and Conviction Questions	Total Size of Attached Files: 11625					
File Attachments	File Name: Browse					
Application Summary	Notes:					
	Notes.					
	You can attach more than one file to your application. Click the Attach button each time you add a new file. Once the online application is submitted, you will not be able to attach any documents. If you did not attach the online Licensure by Examination Applicant Identification form, a recent 2 X 2 passport size photograph Live Scan Form, you must mail them to the Board of Registered Nursing.					
	Board of Registered Nursing Licensing Unit P. O. Box 944210 Sacramento, CA 94244-2100					
	Attach Previous Next Cancel					

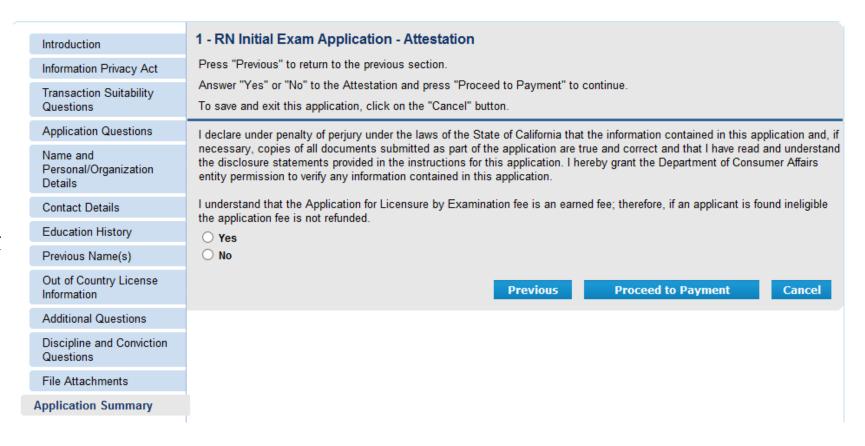
Application Summary

 The Application Summary screen is an overview of all the information you have entered for your online application. Review the accuracy of the information before continuing.

Ī	Introduction	1 - RN Initial Exam Application - Application Summary			
	Information Privacy Act	NOTICE:			
	Transaction Suitability Questions	Recent legislation has passed requiring the Board to collect certain demographic data relating to our licensees at the time of licenseure and renewal and report this data to the Office of Statewide Health Planning and Development. Completion of this			
	Application Questions	survey will help the State analyze and report gaps in the health care workforce in California to the California Legisla			
	Name and Personal/Organization Details	You are required to complete a short survey to comply with this legislation when you receive your initial license and at renewal. The survey is available for you at https://www.dca.ca.gov/webapps/oshpd_survey.php . Please go to this web address and complete the survey at this time. Instructions will be provided in the survey. Once you have completed this survey, please submit the application.			
Ì	Contact Details				
ì	Education History	Press "Previous" to the return to the previous section. Review the data and press "Proceed to Payment" to submit this application.			
ì	Previous Name(s)				
ì	Out of Country License	To save and exit this application, click on the "Cancel" button.			
J	Information	1 - RN Initial Exam Application Summary			
Į	Additional Questions	License Type:	Registered Nurse - RN		
	Discipline and Conviction Questions	Application Date: 1	1/20/2017 (mm/dd/yyyy)		
	File Attachments	Application Questions			
	Will you be requesting an Interim Permit? If "Yes" this will add an additional \$50.00 to your application fee. For		Yes		
		Will you be submitting fingerprints via a fingerprint hard card? If "Yes", this will application fee. To request a fingerprint card or Live Scan form, refer to the follo REQUESTING FINGERPRINT CARD/LIVE SCAN FORM		No	
		Will you be requesting Special Testing Accommodations? For additional inform the Exam Application Instructions and refer to the following instructions below: ACCOMMODATIONS		Yes	
Will you or have you graduated from a California Registered Nursing program? For additional information please to section VII of the Exam Application Instructions. Did you complete all graduation and nursing requirements in your California Registered Nursing program, who degree is not issued and you completed the program as a non-graduate? For additional information please reference section VII of the Exam Application Instructions. Did you complete a California LVN 30-Unit Option program? For additional information please refer to section the Exam Application Instructions. Did you graduate from a Registered Nursing program located in the United States of America / U.S. Territory's additional information please refer to section VII of the Exam Application Instructions. Did you graduate from a Registered Nursing program located outside of the United States of America? For additional information please refer to section VII of the Exam Application Instructions.		For additional information please refer	Yes		
			No		
			rmation please refer to section VII of	No	
				No	
			No		
		Did you complete a Military Corpsmen program which conforms to Section 141	8 of the Business and Professions	No	

Attestation

- Review the Attestation statement before clicking "Yes".
- Please note that paid application fees are not refunded for any reason.



Fee and Summary Report

• You will be shown a summary of required fees. Please click the "Pay Now" button to begin payment.

Fee and Summary Report

Upon submission of your application please note the Application Number assigned to you on the next screen (also available on your receipt). Include the Application Number on all documents submitted to the Board.

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.

You are required to pay the amount below for your application to be processed.

Press "Pay Now" to proceed to the fee payment page.

Press "Add to Cart" to Add to Shopping Cart and return to the main menu.

F	e	e	S	

Interim Permit Fee: \$50.00

RN Exam Application Fee: \$150.00

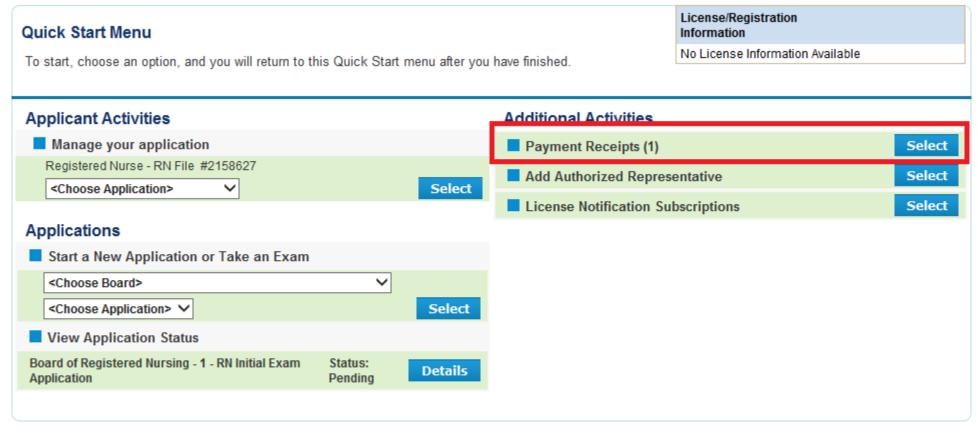
Total Amount Due: \$200.00

All supporting documentation not attached to this online application must be mailed to:

Board of Registered Nursing Licensing Unit P. O. Box 944210 Sacramento, CA 94244-2100

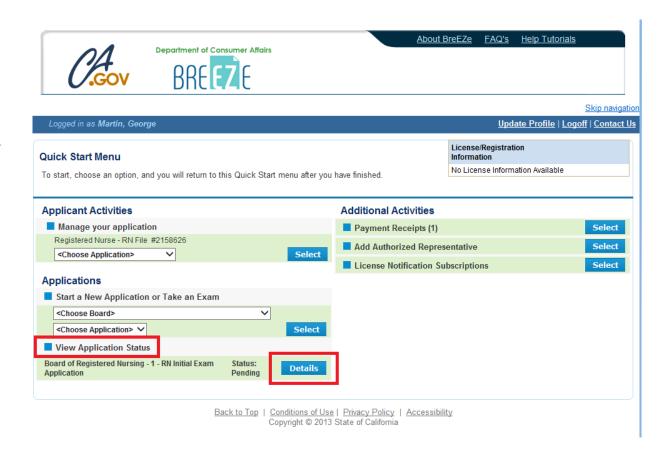


• After submission of payment, a copy of your payment receipt will be available on your BreEZe profile home page, shown below.



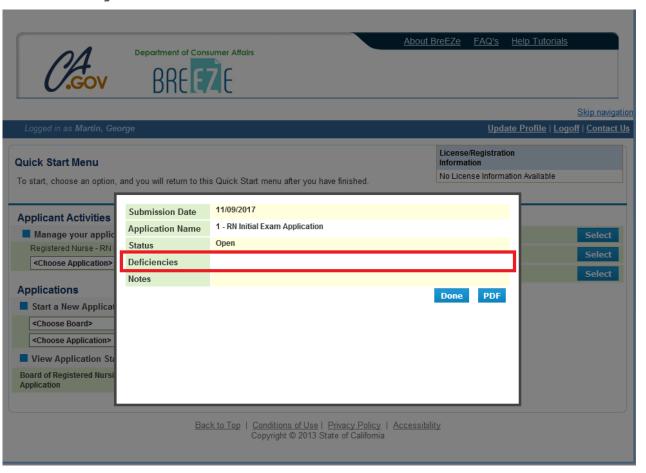
Checking Your Application Status

- After submitting an Exam application, applicants can check their current status from their BreEZe account by clicking on the "Details" button under the "View Application Status" heading.
- Note that the name of the application is "RN Initial Exam Application". This means the applicant has not yet been approved to take the NCLEX-RN exam.



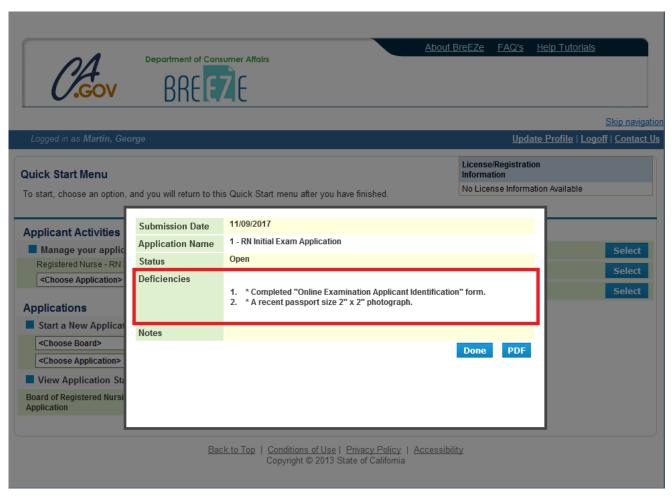
Checking Your Application Status (cont'd)

 When clicking on the "Details" button, if there are no deficiencies listed, that means the application has been received but has NOT YET been evaluated:



Checking Your Application Status (cont'd)

• If there are deficiencies listed, the application has been evaluated and is awaiting receipt of additional requirements:



Checking Your Application Status (cont'd)

- Upon application approval, the name of the application will change from "RN Initial Exam Application" to "Initial RN License by Exam", shown here.
- "Initial RN License by Exam" means the exam application has been approved, and the applicant's RN education has complied with the California Board of Registered Nursing educational requirements and has been issued eligibility to take the NCLEX-RN. The applicant is now able to register with the testing vendor, Pearson VUE, who will issue the Authorization to Test (ATT) to the applicant by e-mail once the applicant has registered with Pearson VUE.

